

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 8      | 01/29/01 |
| FORMALITY REVIEW          | lit      | 907    | 2.14.01  |
| RESPONSE FORMALITY REVIEW | CA       | 875    | 2/23/01  |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original | 7/27/01 |
| 1        | ✓       |
| 2        | ✓       |
| 3        | ✓       |
| 4        | ✓       |
| 5        | ✓       |
| 6        | ✓       |
| 7        | ✓       |
| 8        | ✓       |
| 9        | ✓       |
| 10       | ✓       |
| 11       | ✓       |
| 12       | ✓       |
| 13       | 0       |
| 14       | 0       |
| 15       | 0       |
| 16       | 0       |
| 17       | ✓       |
| 18       | ✓       |
| 19       | ✓       |
| 20       | ✓       |
| 21       | ✓       |
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| 24       | ✓       |
| 25       | ✓       |
| 26       | ✓       |
| 27       | 0       |
| 28       | ✓       |
| 29       | 0       |
| 30       | 0       |
| 31       | 0       |
| 32       | ✓       |
| 33       | ✓       |
| 34       | ✓       |
| 35       | ✓       |
| 36       | ✓       |
| 37       | ✓       |
| 38       | ✓       |
| 39       | ✓       |
| 40       | ✓       |
| 41       | ✓       |
| 42       | 0       |
| 43       | 0       |
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| 45       | 0       |
| 46       | ✓       |
| 47       | ✓       |
| 48       | ✓       |
| 49       | ✓       |
| 50       | ✓       |

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original | 7/27/01 |
| 51       | ✓       |
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| Claim    | Date |
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| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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